

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

June 8, 2007

Mark Maxfield, Administrator The Cottages of Middleton 760 West Main Street Middleton, ID 83644

License #: RC-827

Dear Mr. Maxfield:

On May 1, 2007, a life safety code survey was conducted at The Cottages of Middleton. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Chris Laumann, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

Team Leader

Health Facility Surveyor

Facility Fire Safety & Construction Program

CL/sc

c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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May 11, 2007

Mark Maxfield, Administrator The Cottages of Middleton 760 West Main Street Middleton, ID 83644

Dear Mr. Maxfield:

On May 1, 2007, a life safety code survey was conducted at The Cottages of Middleton. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by May 31, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES

Supervisor

Facility Fire Safety & Construction Program

MG/slc

Enclosure

(X3) DATE SURVEY

Bureau of Facility Standards

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: 01 - BUILDING 1 A. BUILDING B. WING _ 13R827 05/01/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **760 WEST MAIN STREET** COTTAGES OF MIDDLETON, THE MIDDLETON, ID 83644 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX ID (X5)COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) R 000 Initial Comments R 000 The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on May 1, 2007. The surveyor conducting the survey was: Chris Laumann Health Facility Surveyor Facility Fire Safety & Construction Bureau of Facility Standards TITLE (X6) DATE

(X2) MULTIPLE CONSTRUCTION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM 6899 4U5L21 If continuation sheet 1 of 1



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

Facility Name			Physical Address	Phone Number		
Cotages of middleton			760 J. Main	(208) S85-5959		
			City	ZIP Code	<u> </u>	
Mark Maxfield Survey Team Leader			Middleton, ID Survey Type	83644		
Survey	Team Leader		Survey Type	Survey Date		
	hris	Laumana	Fire/ Eife scafely	511/07		
NON-CORE ISSUES						
ITEM #	RULE# 16.03.22		DESCRIPTION		DATE RESOLVED	BFS
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Response Required Date Signatu		Signature of Facility Representative	/		Date Signed	January 1
611/07		Revina yn Holse	24 House Manage		5-1-0	7